



CENTER FOR IMPROVING  
**VALUE** IN HEALTH CARE

# Data and Transparency Advisory Group

## Recommendations on Key Metrics for Long Term Goals

Board Meeting  
December 3, 2010

Higher Quality. Lower Cost. A Healthier Colorado.

# CIVHC Long Term Goals – 2015



## Consumer-Centered Experience

By 2015, Colorado is in nation's top quartile in measures related to patient-centeredness including:

- Timely access
- Communication
- Participation in health decisions
- Customer service

## Improved Population Health

By 2015, Colorado is in nation's top quartile of measures related to:

- Access
- Quality of services
- Healthy behaviors and personal accountability

## Bending the Cost Curve

By 2015, premium increases track at same rate as CPI (without shifting costs).

Additionally:

- Reduce variability of cost across Colorado
- Improve statewide ranking on costs

## Increased Transparency

By 2014, cost, quality, and safety data for all providers and payers is publicly available statewide.



## Key Metrics: Charge to Advisory Group

Develop a limited set of high level metrics (approximately 10-12 measures) that in aggregate, measure Colorado's progress towards achieving CIVHC's Triple Aim goals.

Needed from CIVHC Board:

- Consensus on overall direction and approach
- Feedback on metrics as overall dashboard and as individual measures...any big gaps/concerns?
- Direction on refinement of metrics and next steps

## Advisory Group Participants

- Lalit Bajaj MD, MPH (Co-chair) – TCH/UC
- Phyllis Albritton (Co-chair) - CORHIO
- Dan Tuteur - CCMCN
- Scott Anderson – CHA
- Martha Johns – HealthTeam Works
- Maureen O'Brien - CFMC
- A.W. Schnellbacher - AARP
- Alok Sarwal – CAHEP
- CIVHC Staff

### **Consultants to Advisory Group:**

Amy Downs and Allison Summerton- CHI

## Intent of Metrics – In Aggregate

- Create a statewide “dashboard” that focuses Colorado on key drivers of high performing system and what is required to achieve Triple Aim
- Support building public will: Serve as basis for a conversation with Coloradans on choices regarding health and health care.
- Reflect what stakeholders want to know
- Provide statewide dashboard that measures Colorado’s progress relative to other states and other national standards
- Provide metrics that measure success of CIVHC’s key initiatives



## Intent of Metrics – Individual Measures

- Measure key drivers of performance....both process and outcome
- Given limited metrics, serve as proxies of improvement in areas that are known to impact cost, quality and consumer experience
- Relate to work of CIVHC advisory group initiatives
- Recognize that in each area of measure there will be other metrics that are important to track
- Focus on metrics that are available now and in near term...no perfect measures
- Metrics will evolve and change over time



# Data and Transparency Advisory Group meetings and metrics selection criteria



- Data and Transparency Advisory Group met three times between September and December 2010.
- For each of CIVHC's long term goals, CHI presented 10 - 20 metrics for consideration (see appendix)
- Metrics selection was based on:
  - availability, geography and reliability of data
  - ability to analyze data on annual basis
  - understanding among public and business community
  - extent to which metrics address long term goals



## Metrics selection process

- By November, Data and Transparency Advisory Group identified 30 metrics
- In December, Advisory Group narrowed focus to 13 metrics to recommend to CIVHC Board
  - Final metrics were determined through discussion and voting
  - Group selected “first tier” metrics and assumed that additional “second tier” metrics will be identified as CIVHC initiatives are rolled out



# Bending the cost curve

Recommended metrics	Source
Annual percent change in per capita expenditures for health services	All payer claims database (APCD)
Utilization of health care services per 100,000 population (i.e. could focus on imaging, ED, and inpatient hospital)	APCD
Annual change in health insurance premiums is commensurate with consumer price inflation (CPI)	Medical Expenditure Panel Survey (MEPS) or APCD
Health care spending in Colorado relative to gross state product (GSP)	Independent analysis or CMS (for CO health care spending) and US Bureau of Economic Analysis (for CO GSP)
Days spent in hospital/decedent and associated expenditures during the last six months of life	Dartmouth Atlas for Medicare and APCD for other payers and associated expenditures
Percentage of health care expenditures associated with outcomes-based models of payment	APCD

From CIVHC's long term goals:

By 2015, premium increases track at same rate as CPI (without shifting costs). Additionally:

- Reduce variability of cost across Colorado
- Improve statewide ranking on costs



# Improved population health

Recommended metrics	Source
Percentage of Colorado population ages 0-64 who have any type of health insurance coverage	American Community Survey (ACS)
Percentage of adults who report they needed to see a doctor within the last 12 months but could not because of cost.	Behavioral Risk Factor and Surveillance System (BRFSS)
Percentage of adults and children who are obese	BRFSS and Child Health Survey
Percentage of physician practices with electronic medical records/linked with health information exchange	CORHIO

From CIVHC's long term goals:

By 2015, Colorado is in nation's top quartile of measures related to:

- Access
- Quality of Services
- Health behaviors and personal accountability



# Consumer-centered experience

Recommended metrics	Source
Consumers' average rating of health care over past 12 months (scale of 1 – 10)	Question is from Consumer Assessment of Health Providers and Systems. To increase representation would seek to add to BRFSS.
Consumers' assessment of whether or not doctor or other health provider asked which choice of treatment option they thought was best for them	Add to BRFSS
Percentage of Coloradans with advanced directives	Add to BRFSS

From CIVHC's long term goals:

By 2015, Colorado is in nation's top quartile in measures related to patient-centeredness including:

- Timely access
- Communication
- Participation in health decisions
- Customer service



## Increased transparency

- Advisory group reviewed websites and communication products that provided information that was accessible
- Group determined that transparency is a tool and not something quantifiable
- Transparency and accessibility will be utilized and embedded in all of CIVHC's work and regularly monitored
- CIVHC board will stay apprised of ways in which projects and information are provided in accessible and transparent formats



## Next Steps

- Refinement of metrics based on board feedback and further advisory group review
- Develop plan for engaging stakeholders regarding key metrics and use as statewide dashboard
- Plan for initial and ongoing collection of data
- Setting targets for improving performance
- Feedback loops