



State of Vermont Reports & Analysis from VHCURES

Green Mountain Care Board Meeting

November 8, 2011

Karl Finison, Director of Analytic Services

Amy Kinner, Health Services Researcher



Overview of VHCURES Standard Reporting

State of VT Reports & Analytical Projects

- Vermont Healthcare Utilization and Expenditure Report
- Vermont Report Card
- Vermont Prescription Drug Utilization and Expenditure Report
- Annual Paid Claims and Enrollment Report (HIT Fund, Paid Claims Tax, Vaccine Pooled Purchasing Pilot)
- Insurance Rate Review
- See: http://www.bishca.state.vt.us/health-care/health-insurers/vermont-healthcare-claims-uniform-reporting-and-evaluation-system-vhcure#VHCURES_Reports

A Closer Look — The HUER

Healthcare Utilization & Expenditure Report

- Categories based on the CMS National Health Expenditures models used in the Vermont Annual Health Care Expenditure Analysis and Forecast
 - Developed to meet needs of both BISCHA and Blueprint
- Member counts, service utilization, payments
- Major categories (inpatient, outpatient hospital, professional, pharmacy) and subcategories
 - Inpatient (medical, surgical, maternity, MHSA)
 - Professional by setting of care and provider specialty
 - Subcategories for mental health throughout

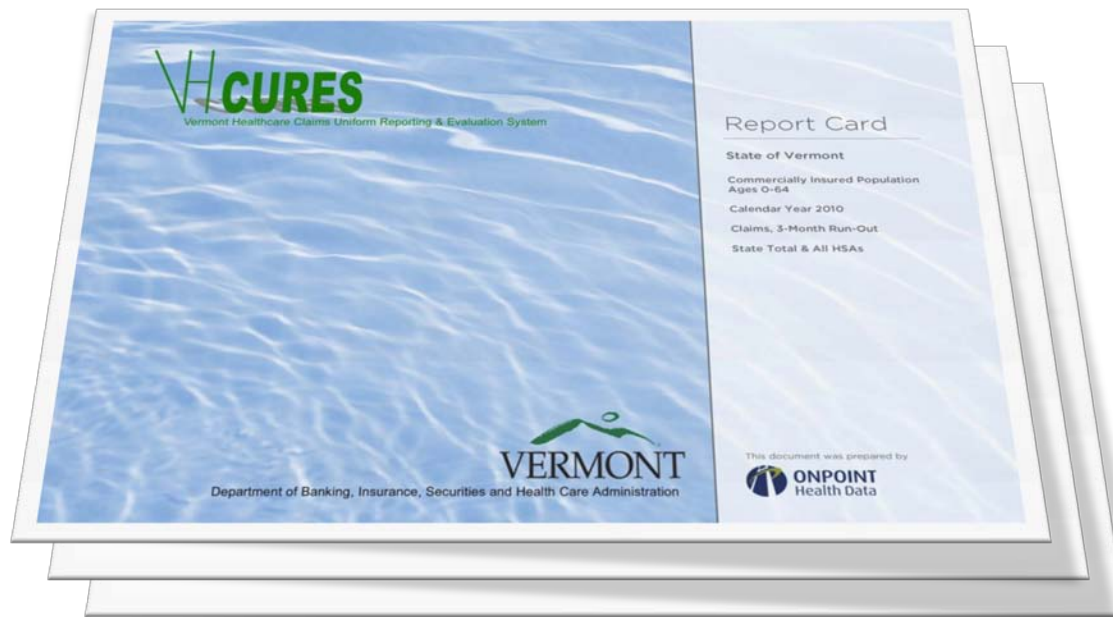
A Closer Look — Pharmacy Reporting

Reporting & Analysis

- VHCURES pharmacy claims
 - Commercial, Medicare Part C, Medicare Part D
- Onpoint uses Red Book® to classify NDCs
 - Major therapeutic categories (e.g., antihyperlipidemic)
 - Detailed therapeutic categories (e.g., Lipitor/atorvastatin)
 - Brand vs. generic
- Reporting measures include:
 - RX membership, scripts, days' supply, plan + member paid
 - Payer, HSA, major therapeutic, detailed therapeutic

A Closer Look — The Report Card

Comparative Utilization, Quality, & Cost Data



- Adjusted rates
- Key utilization measures
- Effective and preventive care (HEDIS)
- Surgical procedure rates (HEDIS)



Trends in Enrollment, Cost, & Utilization

Comprehensive Major Medical Only

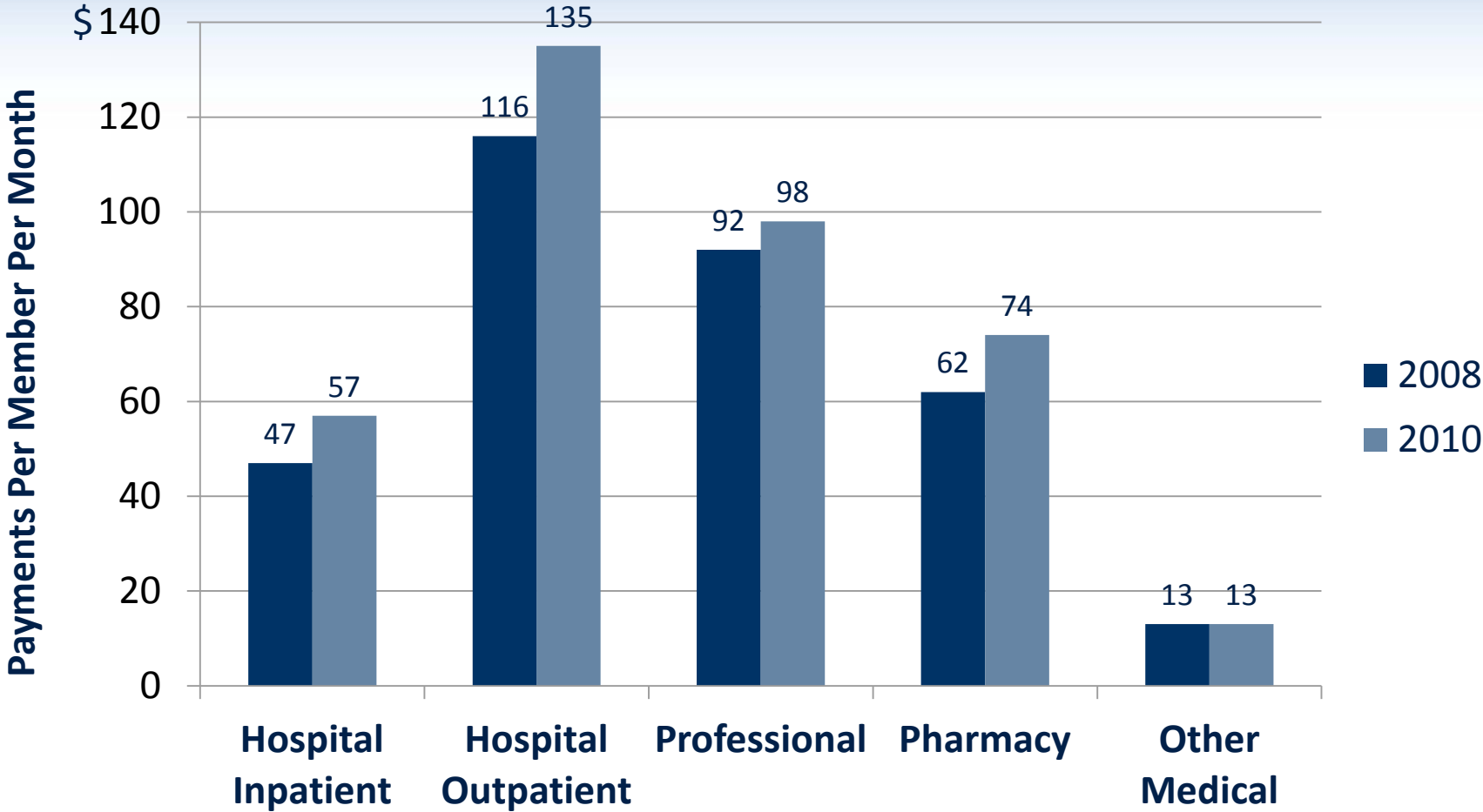
Percent Enrollment by Insurer



Major Payer Expenditures 2010

INSURER	2010 EXPENDITURES
Blue Cross Blue Shield Total	\$552,138,323
BCBS of Vermont	\$370,768,127
Vermont Health Plan	\$126,986,367
CBA Blue	\$54,383,829
CIGNA	\$327,973,994
MVP Total	\$146,997,703
MVP Health Insurance Co.	\$102,774,429
MVP Health Plan	\$31,976,269
MVP Select Care	\$12,247,005
Other Insurers	\$295,944,711
TOTAL	\$1,323,054,732

Trends in Payments by Provider Type



Drivers of Payments PMPM Trend

SELECTED MEASURES	2008	2009	2010	\$ TREND 2008–2010	% TREND 2008–2010
Total	\$330	\$357	\$378	+\$48	15%
Hospital Subtotal	\$162	\$179	\$192	+\$30	18%
Hospital Inpatient	\$47	\$52	\$57	+\$10	21%
Hospital Outpatient	\$116	\$127	\$135	+\$20	17%
Professional	\$92	\$96	\$98	+\$6	7%
Other Medical	\$13	\$13	\$13	\$0	-1%
Pharmacy	\$62	\$69	\$74	+\$12	19%

Inpatient & Outpatient Hospital Use

Rates per 1,000 Members

SELECTED MEASURES	2008	2009	2010	TREND 2008–2010
Inpatient Days	192.4	197.5	202.2	+5%
Readmissions (w/in 30 Days)	4.9	4.8	4.8	-1%
Admissions for ACS	3.0	3.2	3.1	+4%
Outpatient ED Visits	192.4	187.5	184.9	-4%
Avoidable Outpatient ED	31.4	31.6	30.0	-5%
Outpatient OR Procedures	86.6	88.2	90.9	+5%
Advanced Imaging	138.0	136.8	136.3	-1%

Other Trends in Utilization

Rates per 1,000 Members

SELECTED MEASURES	2008	2009	2010	TREND 2008–2010
Primary Care Encounters	2,644	2,726	2,650	0%
Medical Specialists	1,296	1,311	1,318	+2%
Chiropractic/Osteopathic	644	639	642	0%
Mental Health / Sub. Abuse	913	967	993	+9%
Pharmacy Use	13,156	14,139	14,565	+11%
Brand RX	4,420	4,369	3,833	-13%
Generic RX	8,736	9,770	10,732	+23%

Summary of Drivers of Trend

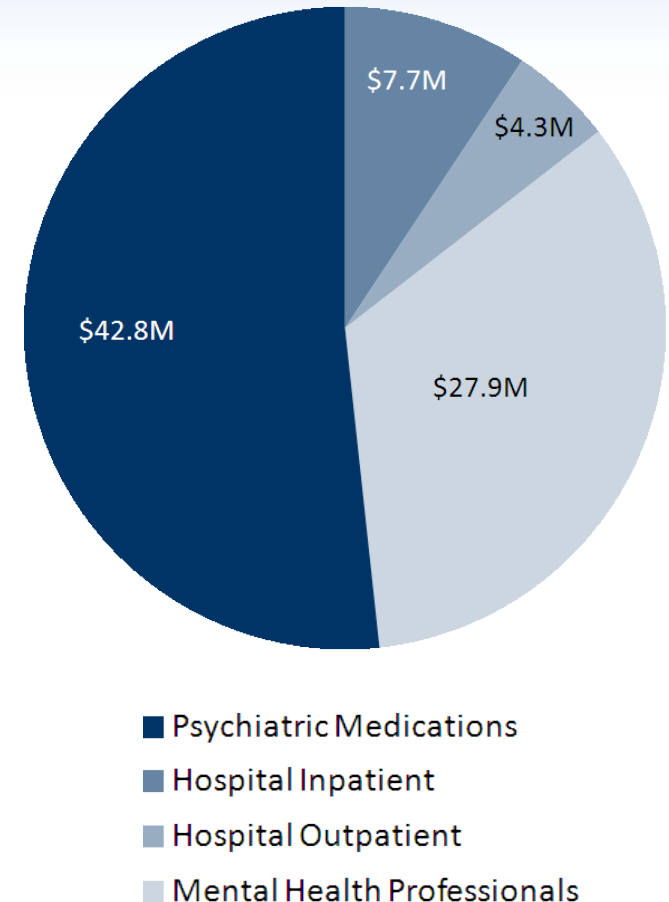
- Payments to hospitals were the primary driver of trend
- Price (average paid per service) appeared to increase more rapidly for hospitals than for professionals
- Payment increase was driven by both utilization and price

MEASURE	TREND IN USE	TREND IN PRICE
Inpatient days	+5%	+20%
Outpatient hospital use *	+2%	+15%
Professional use	+1%	+5%
Pharmacy use	+11%	+8%

* Outpatient surgery and radiology were major drivers of hospital outpatient increase

Mental Health

- 63,000 members with mental disorder; 26,000 with depression
- Prevalence of diagnosed depression based on claims: +17%
- Major drivers of 2010 cost: mental health professional visits, psychiatric medication use
- PMPM for psychiatric medications +19% (9% = increased use; 10% = increased price)



Pharmacy Reporting

COMPREHENSIVE MAJOR MEDICAL PAYER	AVERAGE RX MEMBERS	PAYMENTS (\$ MILLIONS)
Blue Cross Blue Shield of Vermont	69,706	\$61.8
CIGNA (CT General)	56,601	\$39.5
Medco Health Solutions	33,045	\$28.4
CVS Caremark	34,851	\$23.8
The Vermont Health Plan	12,592	\$21.8
Express Scripts, Inc.	39,530	\$19.1
WellPoint NextRx	9,897	\$7.7
MVP Health Plan, Inc.	6,019	\$5.2
MVP Select Care, Inc.	2,904	\$1.9
Others (WellPoint, Aetna, CBA, BCBS MA)	77,174	\$51.7

Medicare Part D — 62,872 members, \$151.8 million; leading payers: SilverScript, United Healthcare, Health Net Life, First Health Life, CVS, Accendo, Humana

Pharmacy Therapeutic Categories (2010)

COMPREHENSIVE MAJOR MEDICAL	PAYMENTS (MILLIONS)
Antidepressants	\$22.5
Gastrointestinal	\$19.4
Antihyperlipidemic	\$17.8
Asthma – Controller	\$14.0
Antineoplastic	\$10.2
Diabetes – Insulin	\$9.2
Immunosuppressants	\$9.1
CNS – Stimulants	\$9.0

MEDICARE PART D	PAYMENTS (MILLIONS)
Tranquilizers/antipsychotics	\$17.7
Antihyperlipidemic	\$10.4
Gastrointestinal	\$10.3
Antidepressants	\$9.2
Asthma – Controller	\$8.2
Autonomic	\$7.0
Blood Coagulation	\$6.7
Diabetes – Insulin	\$6.7

Comprehensive major medical — 342,320 members, \$260.8M, \$64 PMPM
Medicare, Part D — 62,872 members, \$151.8M, \$201 PMPM

Leading \$ Drugs in 2010 Payments

COMPREHENSIVE MAJOR MEDICAL	PAID PER DAY SUPPLIED
Lantus	\$7.39
Advair Diskus	\$5.67
Lipitor	\$3.67
Copaxone	\$100.93
Effexor-XR	\$4.90
Humira	\$65.06
Nexium	\$6.12
Enbrel	\$62.24

MEDICARE PART D	PAID PER DAY SUPPLIED
Lantus	\$5.73
Advair Diskus	\$5.81
Seroquel	\$9.10
Zyprexa	\$16.94
Plavix	\$4.64
Abilify	\$16.26
Lipitor	\$2.99
APAP/Oxycodone	\$4.45

Leading drugs for both comprehensive major medical and Medicare Part D by volume were all generics: lisinopril, simvastatin, levothyroxidine sodium, hydrochlorothiazide, omeprazole, metoprolol succinate.



Risk Adjustment & Geographic Variation in Use, Cost, & Effective Care

Adjusted Rates — Risk-Adjustor Tools

RISK-ADJUSTOR TOOL	R-SQUARED PREDICT COST
ACG (John Hopkins) *	19.2%
CDPS (Kronick / UCSD) *	14.9%
Clinical Risk Groups (3M) *	17.5%
DxCG DCG (DxCG) *	20.6%
ERG (Ingenix/OptumInsight) *	19.7%
CMS Hierarchical Clinical Classification †	12.5%

* Source: A comparative analysis of claims-based tools for health risk assessment. Society of Actuaries, April 20, 2007

† Source: Evaluation of CMS-HCC Risk-Adjustment Model. March 2011. Report for CMS prepared by RTI International.

Clinical Risk Groups — Vermont Data

2010 Commercial

MAJOR CRG CATEGORY	UNIQUE MEMBERS	AVG. PAID PER MEMBER
1 – Healthy	255,844	\$702
2 – History of significant acute disease	22,649	\$3,271
3 – Single minor chronic disease	36,891	\$3,661
4 – Minor chronic disease multiple systems	8,177	\$6,626
5 – Single dominant or chronic disease	41,289	\$6,385
6 – Significant chronic disease, multiple systems	13,636	\$16,238
7 – Dominant chronic disease, multiple systems	3,137	\$50,748
8 – Dominant, metastatic malignancies	1,478	\$65,011
9 – Catastrophic conditions	586	\$45,128

R-squared Predicting Cost = 18.1%

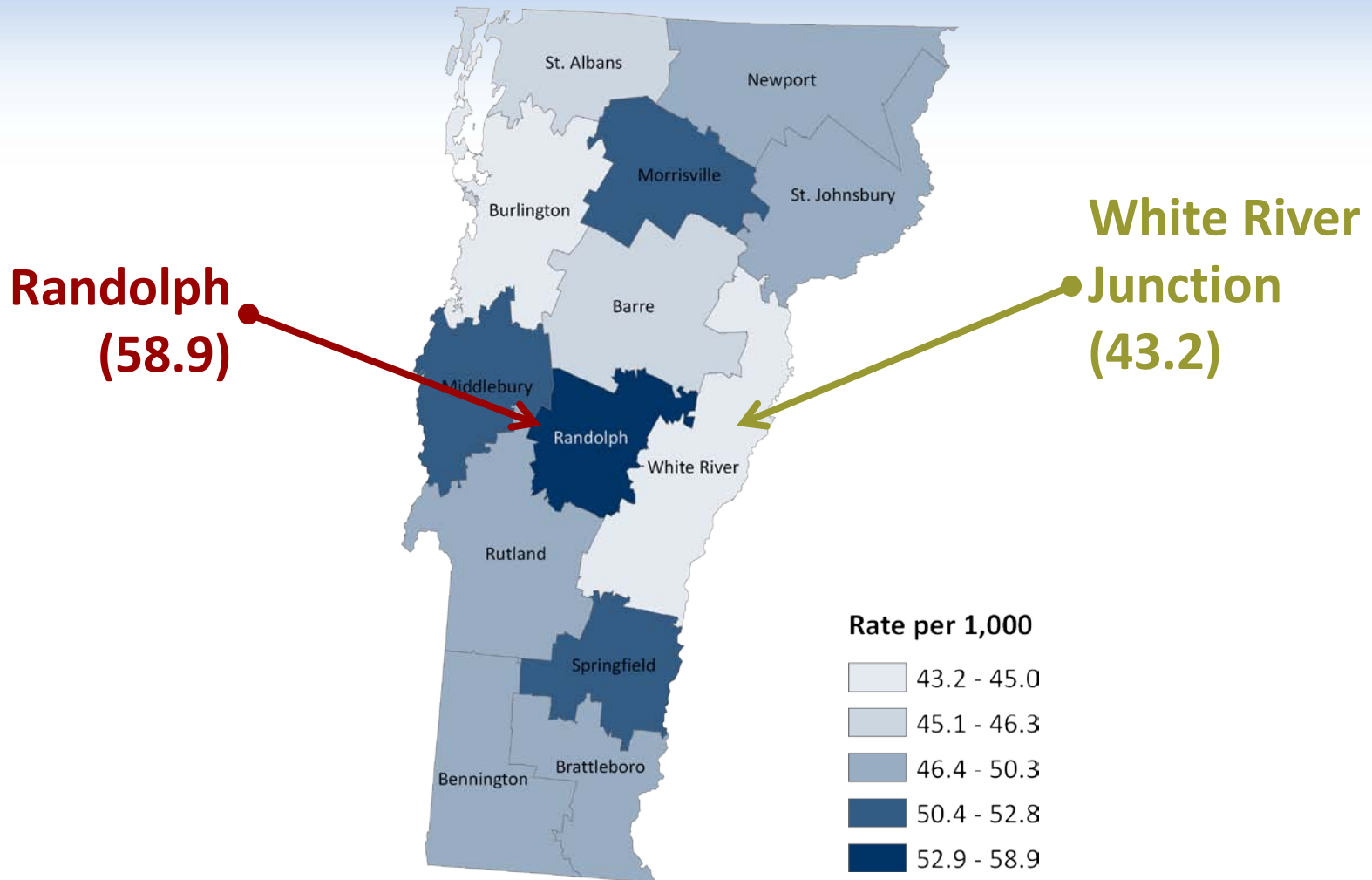
Calculating Adjusted Rates

CATEGORY	RUTLAND	BARRE	BURLINGTON	STATE TOTAL
Average Age	38.6	37.3	35.5	37.1
CRG Score	0.646	0.587	0.529	0.570
Total Payments (PMPM)	\$425	\$371	\$332	\$378
Adjusted Payments (PMPM)	\$380	\$371	\$352	\$378

Adjusted rate
lower than
crude rate

Adjusted rate
higher than
crude rate

Inpatient Admissions by HSA

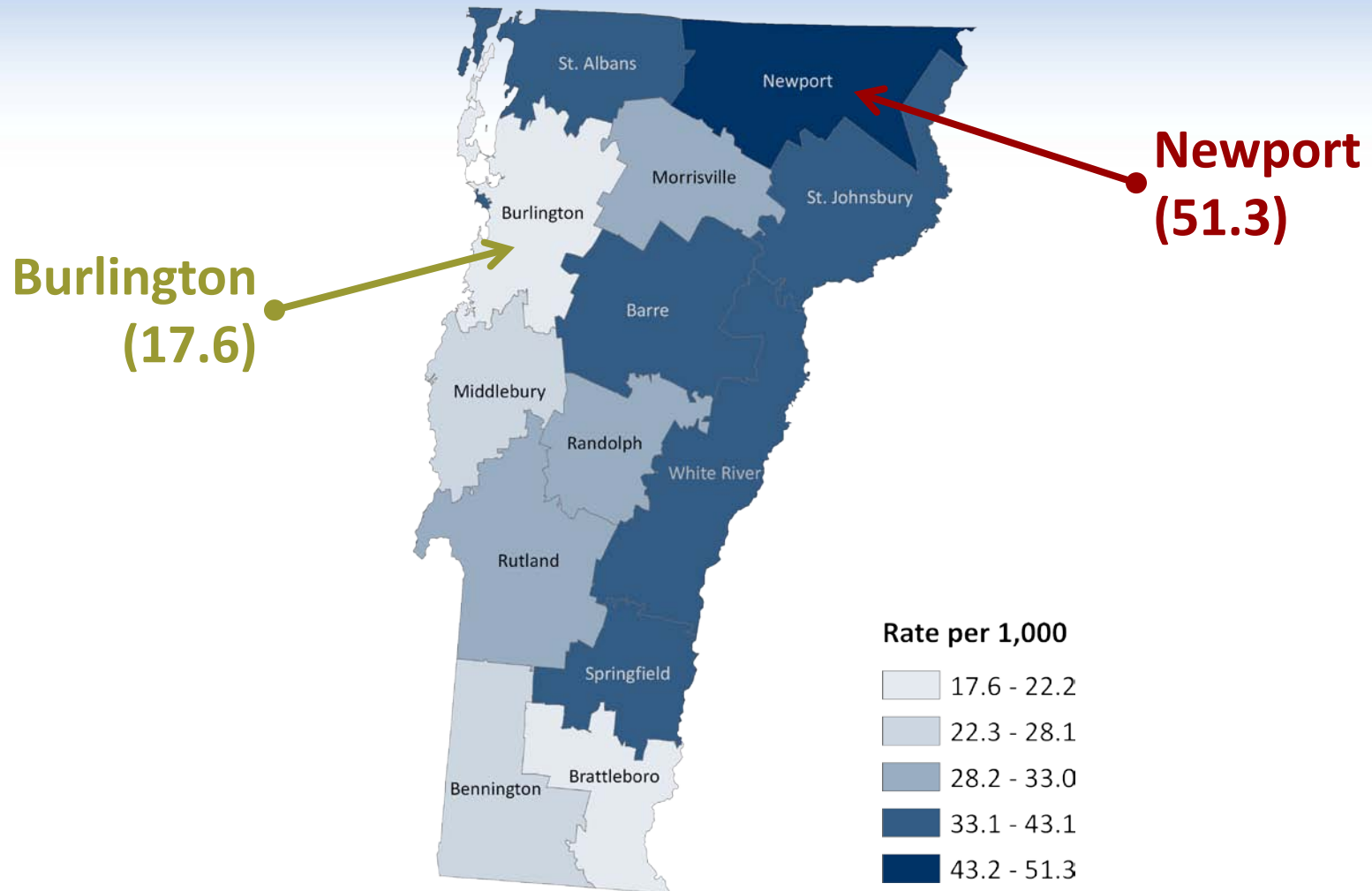


Potentially Avoidable Outpatient ED Visits

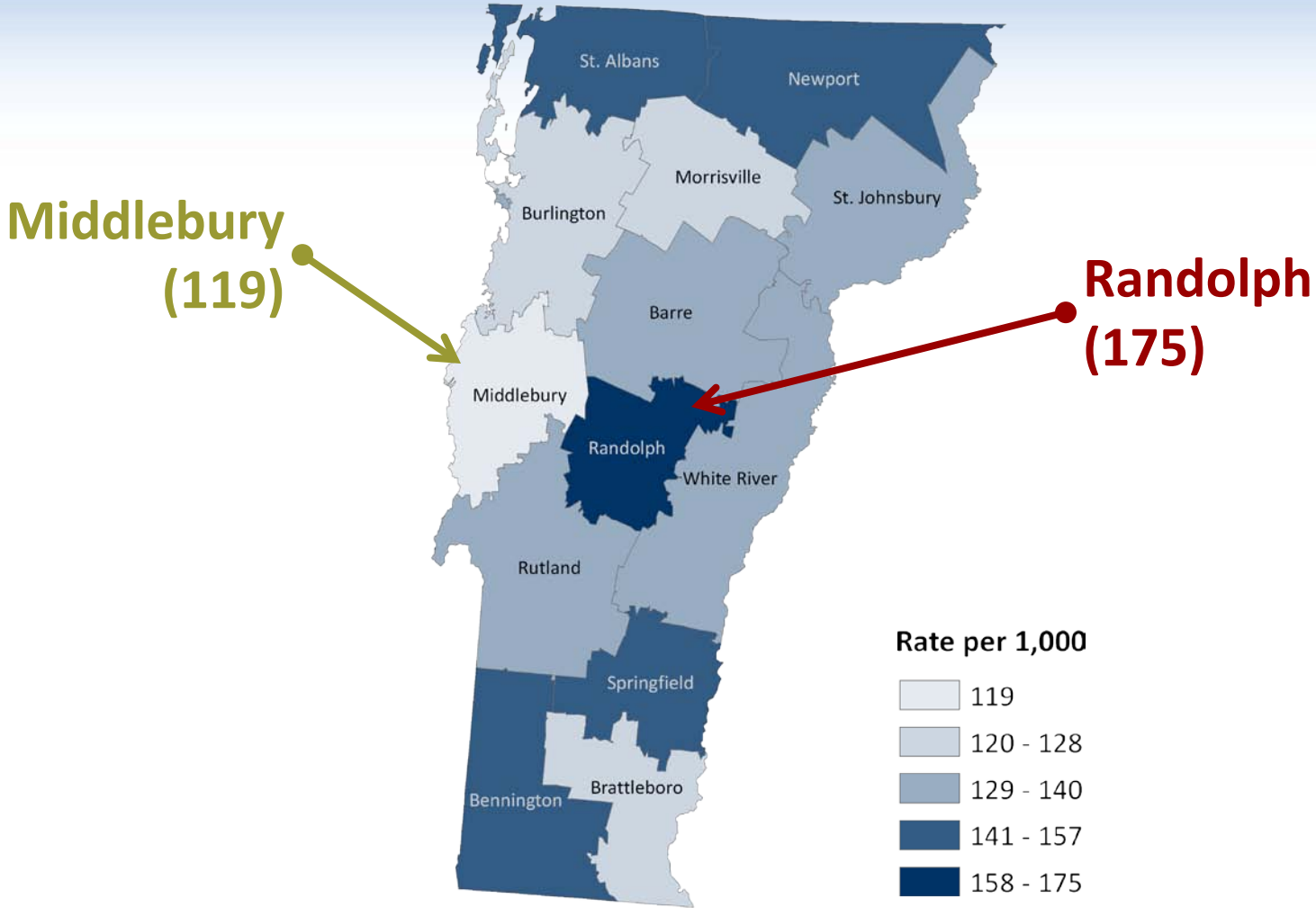
Definition Developed by Onpoint through Project with NH DHHS

- Sore throat, strep (034.0)
- Viral infection, unspecified (079.99)
- Anxiety, unspecified or generalized (300.00, 300.02)
- Conjunctivitis, acute or unspecified (372.00, 372.30)
- External & middle ear infections, acute or unspecified (380.10, 381.01, 381.4, 382.00, 382.9)
- Upper respiratory infections, acute or unspecified (461.9, 473.9, 462, 465.9)
- Bronchitis, acute or unspecified, & cough (466.0, 786.2, 490)
- Asthma (493 – all 4th and 5th digits)
- Dermatitis & rash (691.0, 691.8, 692.6, 692.9, 782.1)
- Joint pain (719.4 – all 5th digits)
- Lower/unspecified back pain (724.2, 724.5)
- Muscle/soft tissue limb pain (729.1, 729.5)
- Fatigue (780.79, 784.0)
- Headache (784.0)

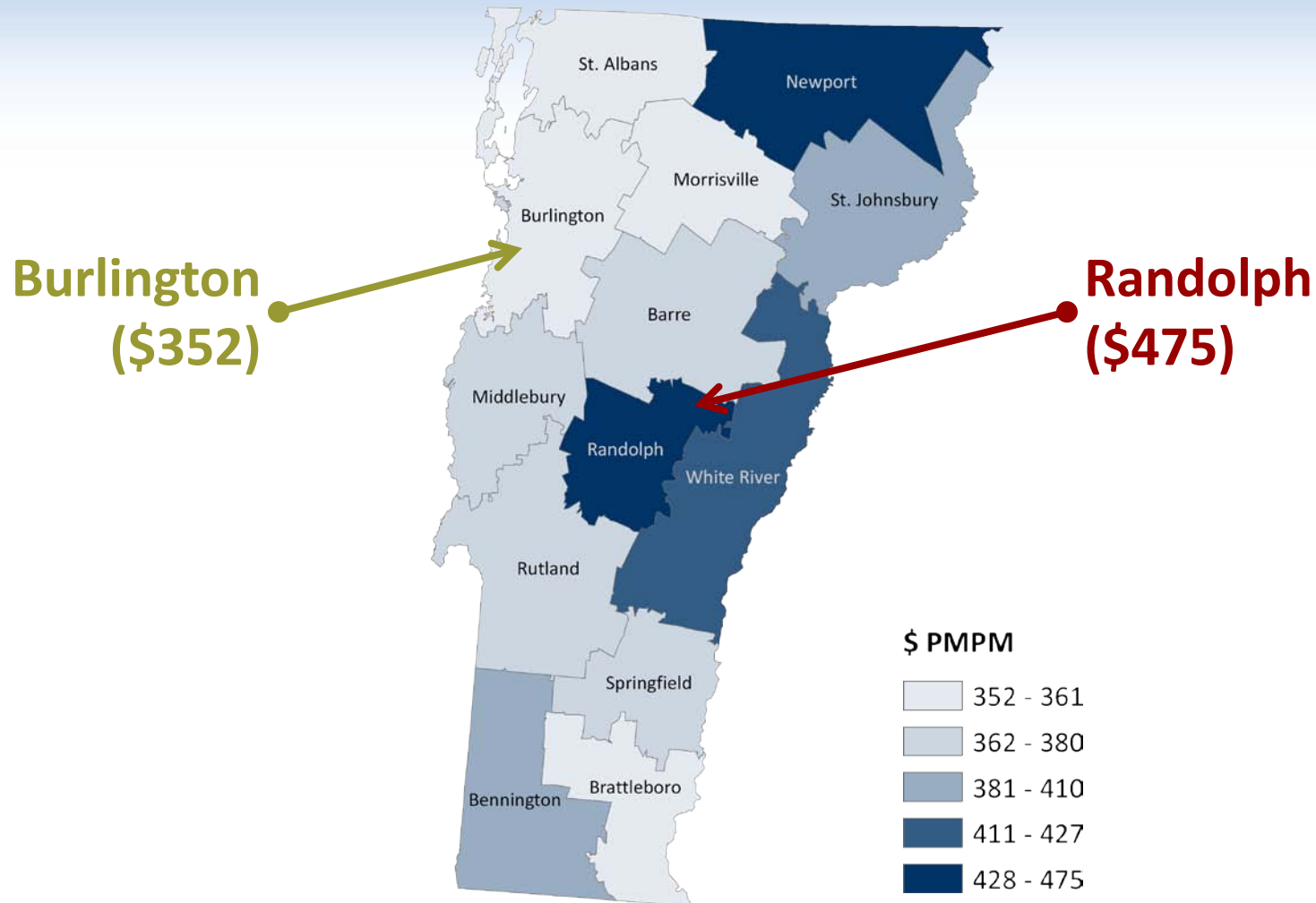
Potentially Avoidable ED Visits by HSA



Advanced Imaging by HSA



Payments PMPM by HSA



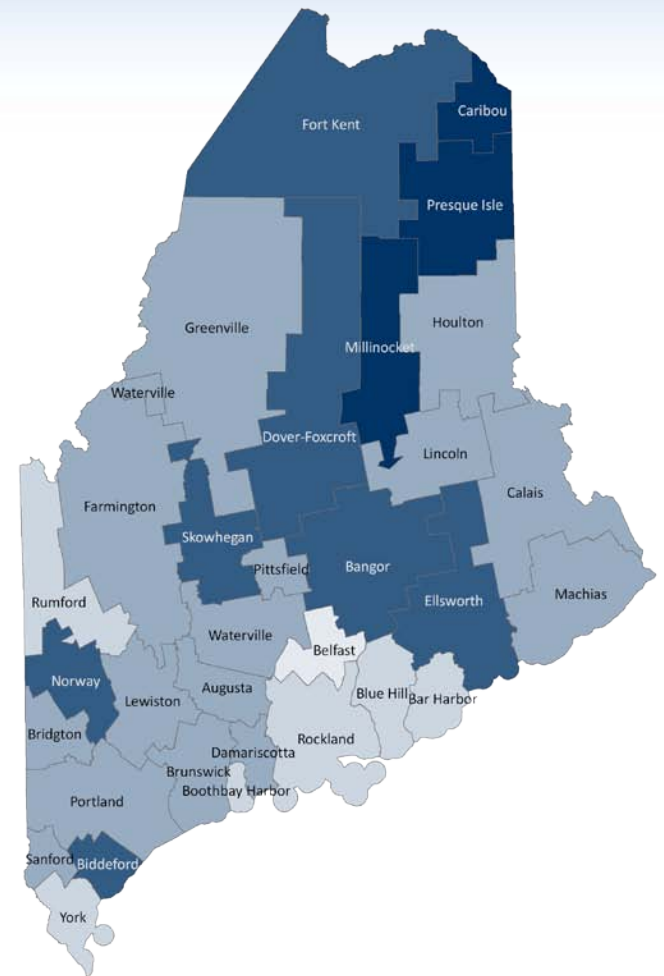
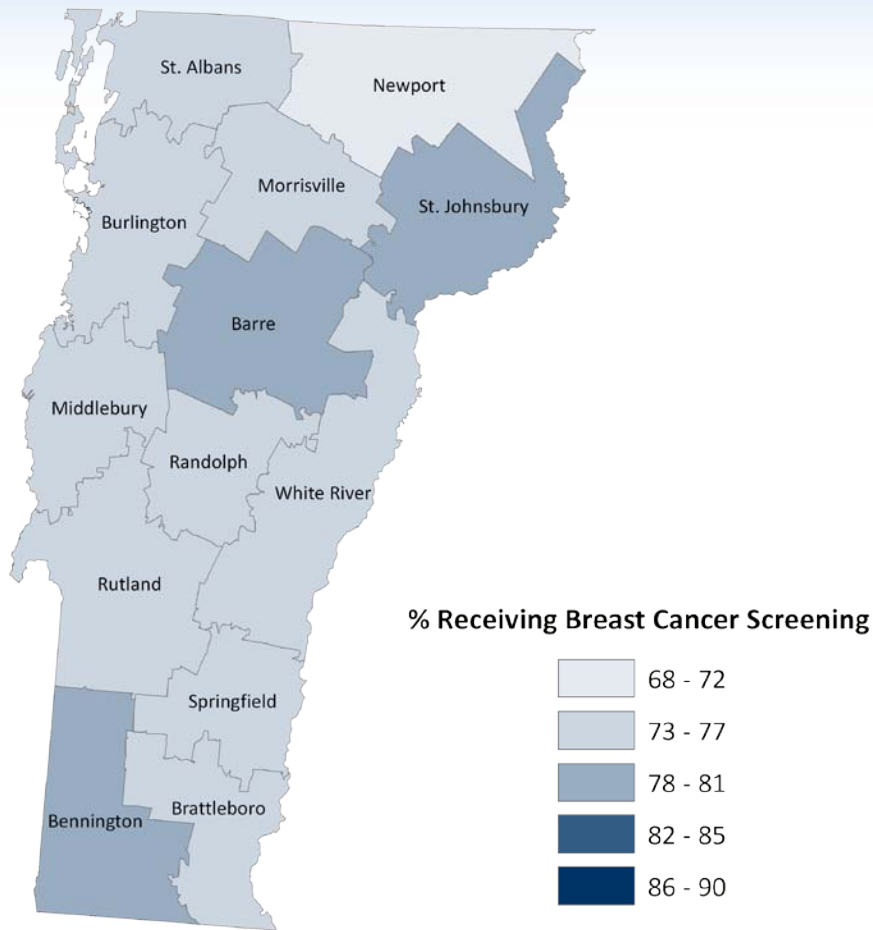
Effective & Preventive Care

HEDIS MEASURE	2010	% CHANGE 2008–2010	NATL. AVG.
CDC — Diabetes Care – HbA1c Testing, 18–75	86%	+4%	* 87%
CDC — Diabetes Care – LDL Testing, 18–75	75%	+4%	* 83%
BCS — Breast Cancer Screening, 52–69	76%	-1%	70%
LBP — Imaging Studies for Low Back Pain, 18–50	83%	-1%	73%
ASM — Appropriate Medications for Asthmatics, 5–56	93%	0%	93%
URI — Appropriate Treatment for Children w/URI, 3m–18y	92%	+2%	83%
AMM — Antidepressant Medication Management, Continuation Phase, 18+	51%	+1%	46%
W34 — Well Child Visits, 3–6	76%	0%	68%
AWC — Adolescent Well-Care Visits, 12–21	44%	+3%	41%

* *For diabetes care measures, health plans may supplement claims data with medical chart audits*

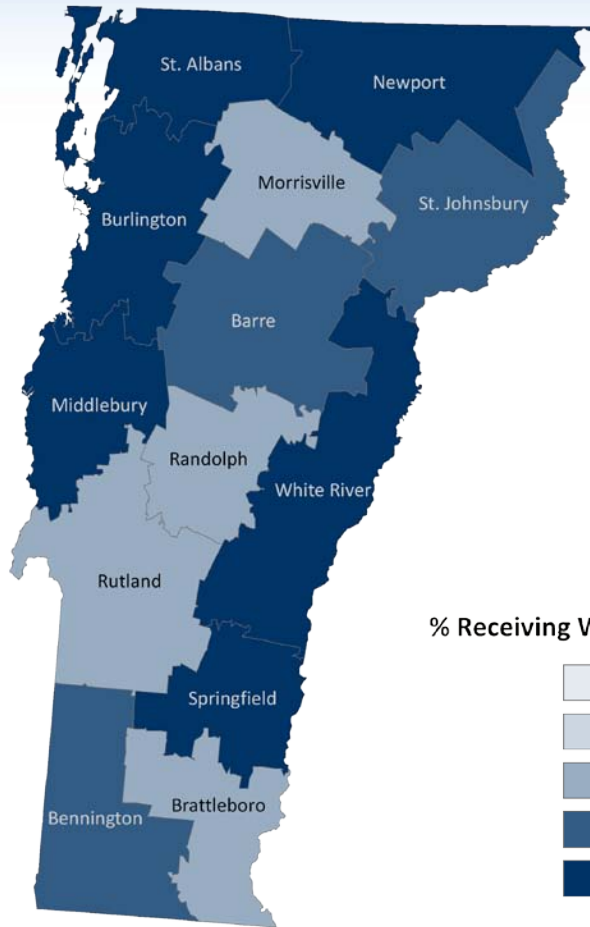
Breast Cancer Screening, 52–69 Years

State Average: 76% in Vermont, 80% in Maine

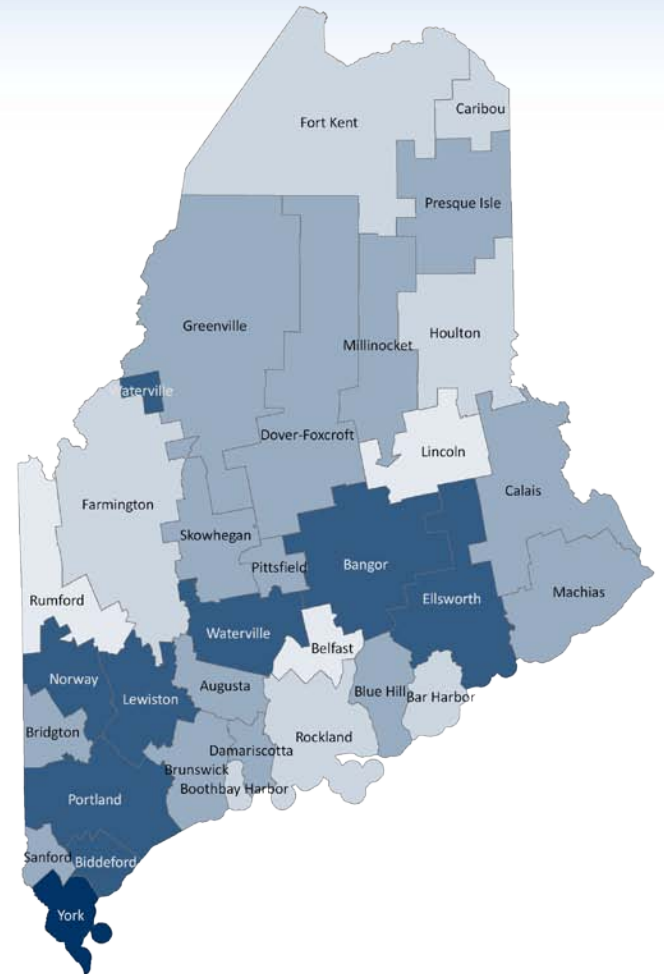
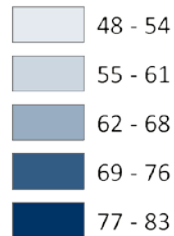


Well Child Visits, 3–6 Years

State Average: 76% in Vermont, 70% in Maine

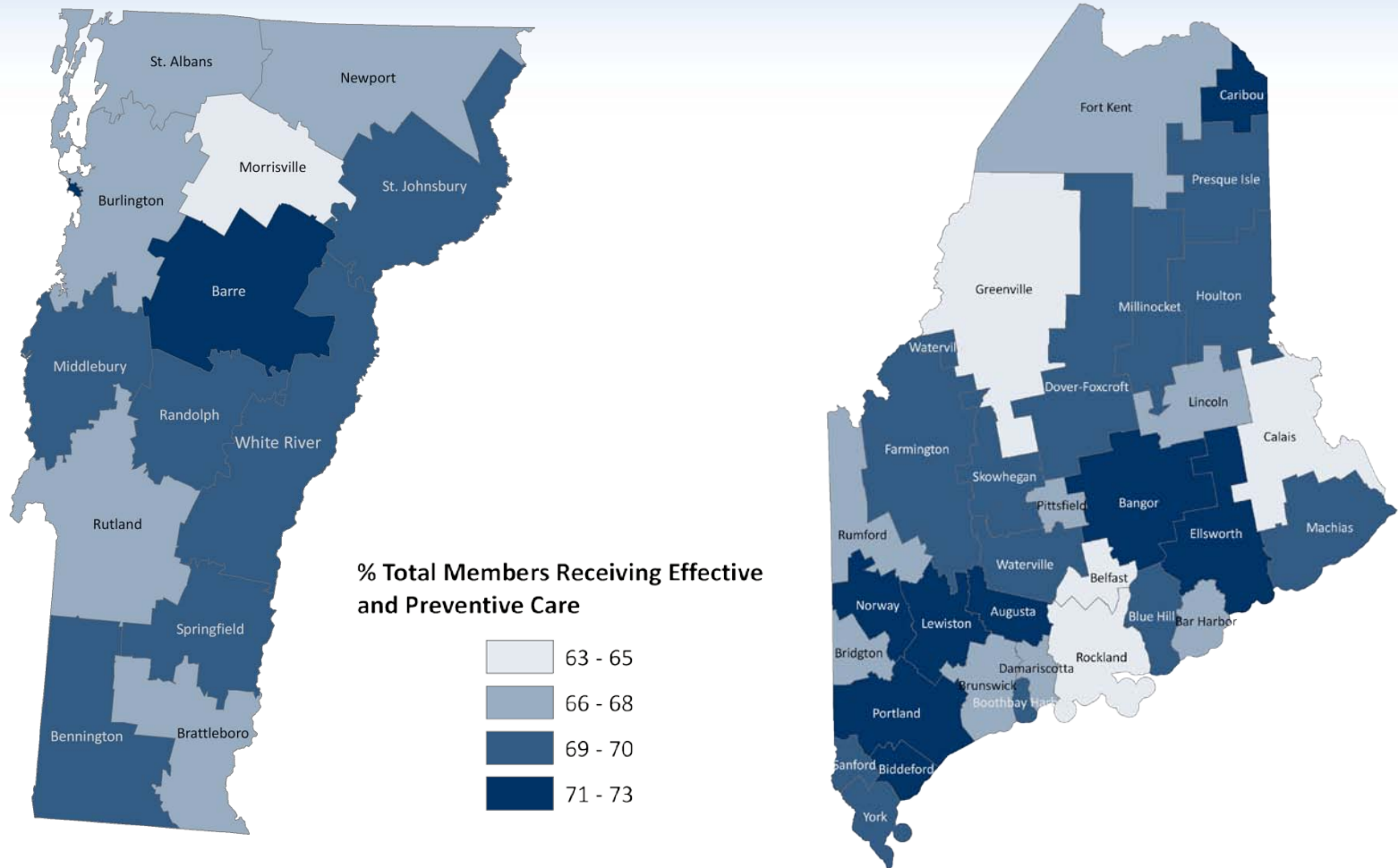


% Receiving Well Child Visits 3-6 yrs



Effective & Preventive Care

State Average: 68% in Vermont, 70% in Maine



Future Considerations

- Enhanced population-based capability
 - Inclusion of commercial, Medicaid, and Medicare claims would capture over 90% of VT population (assuming that the uninsured rate remains below 10%)
- Regional comparative data
 - Continued efforts among VT, NH, ME to harmonize data capture and reporting requirements
 - Proposed Tri-state Dartmouth Atlas for pediatric population



Reliable data. Informed decisions. Strategic advantage.

16 Association Drive
PO Box 360
Manchester, ME 04351
207 623-2555
207 622-7086 FAX

www.OnpointHealthData.org