Innovation in Employer-Based Health Care Reporting and Why it’s Needed

Kristin Paulson
VP of Research and Innovation
Center for Improving Value in Health Care

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Who We Are

Our Mission:
We strive to empower individuals, communities, and organizations through collaborative support services and health care information to advance the Triple Aim.
Focus Areas

Data Transparency
- Colorado All Payer Claims Database Administrator
- Provide public and custom data to advance the Triple Aim

Health Care Reimbursement
- Support new ways to pay for care that lower costs and improve outcomes through data, analytics, education and convening

Care Delivery
- Manage Healthy Transitions Colorado, a care transitions collaborative
- Work with organizations to expand access to Palliative Care
Colorado APCD
Data & Covered Lives

- Health First Colorado*
- Medicare & Medicare Advantage
- 21+ Commercial Payers

641+ Million
Medical, Pharmacy, & Dental Claims

Approx. 4.3 Million
Unique Lives

Majority of
Insured Coloradans

*Colorado’s Medicaid Program

Updated August 2017
CO APCD Data for Employers

- Identify **lower cost, higher quality** options for the most common health care services

- **Benchmark** health plan provider **payments and variation** in employee out-of-pocket costs to inform selecting high value benefit options

- **Predict cost and quality** through business intelligence data to **reduce complications** and lower costs

- **Informing new payment models** that incentivize high quality, low cost care
Health Care Cost Trends

- Health care costs have gone up as much as 75% or more for some employers over the last 10 years.
- From 2010 to 2015, at least 3 major insurers in CO have seen stock increases over 500%.
- Some health systems have margins as high as 40%.
- Colorado hospitals are realizing record high net incomes on record low occupancy rates, and are paid approximately 2.5x Medicare rates for commercially insured patients.
Colorado Total Costs: 17% Higher

www.civhc.org
The size of the bars represents the impact of price and resource use on the total cost. As seen in the above graphic, price and resource use played different roles in the variation of total cost by state.
## Colorado Total Cost of Care by Region

### Table 3. Total (Inpatient, Outpatient, Professional, Pharmacy) Median Risk-Adjusted Per Member Per Month (PMPM) Cost by CO Division of Insurance Region

<table>
<thead>
<tr>
<th>Region</th>
<th>COST PMPM</th>
<th>UTILIZATION Compared to the CO Statewide Median*</th>
<th>PRICE Compared to the CO Statewide Median*</th>
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<tbody>
<tr>
<td>East</td>
<td>$591</td>
<td>8%</td>
<td>21%</td>
</tr>
<tr>
<td>Greeley</td>
<td>$559</td>
<td>6%</td>
<td>17%</td>
</tr>
<tr>
<td>West</td>
<td>$547</td>
<td>6%</td>
<td>33%</td>
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<tr>
<td>Grand Junction</td>
<td>$539</td>
<td>2%</td>
<td>23%</td>
</tr>
<tr>
<td>Pueblo</td>
<td>$455</td>
<td>9%</td>
<td>7%</td>
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<tr>
<td>Boulder</td>
<td>$439</td>
<td>5%</td>
<td>8%</td>
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<tr>
<td>Statewide Median:</td>
<td>$437</td>
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<tr>
<td>Fort Collins</td>
<td>$424</td>
<td>8%</td>
<td>4%</td>
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<tr>
<td>Denver</td>
<td>$403</td>
<td>1%</td>
<td>7%</td>
</tr>
<tr>
<td>Colorado Springs</td>
<td>$390</td>
<td>8%</td>
<td>6%</td>
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</tbody>
</table>

*Statewide medians only reflect results for the 102 adult primary care practices included in the study*
**Employer example**

- Manufacturer in Weld County, 5000 employees, self-insured.
  - Employees live in Greeley and surrounding areas, some are rural with 50+ miles to a large city.
- Health care premiums have gone up 45% over the past five years
  - Deductible has increased from $500 to $2000 for individuals, from $1500 to $7500 for families.
  - Employer covered portion of premiums has decreased from 85% to 75%
- Health care costs are eating up income and stagnating wages.
Goal
Purchase and provide benefits in order to:
• Avoid shifting more costs and risk to employees.
• Support limited growth of care costs.
• Provide the tools to inform and empower employees.
• Use more of our limited dollars for salaries and benefits.

Outcome
Assure that employees get the highest quality of care at reasonable cost to live healthy, productive lives.
• Emphasize prevention, well being, and primary care
• Support chronic disease management
• Use cost and quality transparency tools
• Bundled payments
• Group purchasing
Public Website:
Identifying Variation in Cost of Care

In general, expenses for rural Coloradans are higher.

Rural Medicare Advantage patients pay nearly double the out-of-pocket costs annually compared to urban residents.

Across all payers, Females cost more than Males PPPY.

...and females are most expensive between ages 35-64, and 65+.
Figure I. PMPY for Chronic Conditions in Employer and Denver Regions Compared to the Employer, 2014 CO APCD Data
Figure II. Breakout of Diabetes Costs by Service Category for Denver/Employer Regions Compared to the Employer, 2014 CO APCD Data
Prometheus Episode Methodology

Prometheus Payment:
Colonoscopy

- **Pre-Episode:** $200
  - 7 days prior
- **Trigger Code:**
- **Procedure:** $1,400
  - ICD-9 or CPT code indicating colonoscopy in outpatient or professional setting
- **Post Acute Care:** $200
  - 30-days after index discharge date

**Colonoscopy Episode Payment = $1,800***

*Numbers displayed were developed for this example and do not reflect actual colonoscopy episode payment

This methodology points out
Potentially Avoidable Conditions (PACs)
Highlights opportunities to reduce complications and lower costs
<table>
<thead>
<tr>
<th>Episode Description</th>
<th>Distinct Episodes</th>
<th>Total Cost</th>
<th>Total PAC Cost</th>
<th>Average PAC Cost</th>
<th>PAC Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>CABG &amp;/or Valve Procedures</td>
<td>194</td>
<td>$5,406,666</td>
<td>$941,495</td>
<td>$4,853</td>
<td>17.41%</td>
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<tr>
<td>Colorectal Resection</td>
<td>300</td>
<td>$4,927,976</td>
<td>$893,249</td>
<td>$2,977</td>
<td>18.13%</td>
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<td>Coronary Angioplasty</td>
<td>604</td>
<td>$6,246,976</td>
<td>$1,334,816</td>
<td>$2,210</td>
<td>21.37%</td>
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<tr>
<td>Pacemaker / Defibrillator</td>
<td>278</td>
<td>$2,355,421</td>
<td>$356,420</td>
<td>$1,282</td>
<td>15.13%</td>
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<tr>
<td>Hysterectomy</td>
<td>692</td>
<td>$3,858,984</td>
<td>$799,542</td>
<td>$1,155</td>
<td>20.72%</td>
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<tr>
<td>Mastectomy</td>
<td>208</td>
<td>$1,255,321</td>
<td>$200,385</td>
<td>$963</td>
<td>15.96%</td>
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<tr>
<td>Bariatric Surgery</td>
<td>337</td>
<td>$3,148,125</td>
<td>$293,337</td>
<td>$870</td>
<td>9.32%</td>
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<tr>
<td>Hip Replacement &amp; Hip Revision</td>
<td>380</td>
<td>$4,337,502</td>
<td>$292,245</td>
<td>$769</td>
<td>6.74%</td>
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<tr>
<td>Lung Resection</td>
<td>31</td>
<td>$394,980</td>
<td>$21,909</td>
<td>$707</td>
<td>5.55%</td>
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<td>Gall Bladder Surgery</td>
<td>1,754</td>
<td>$8,946,524</td>
<td>$1,235,148</td>
<td>$704</td>
<td>13.81%</td>
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<tr>
<td>Lumbar Laminectomy</td>
<td>237</td>
<td>$1,217,782</td>
<td>$118,852</td>
<td>$501</td>
<td>9.76%</td>
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<td>Transurethral resection prostate</td>
<td>78</td>
<td>$146,089</td>
<td>$37,093</td>
<td>$476</td>
<td>25.39%</td>
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<tr>
<td>Knee Replacement &amp; Knee Revision</td>
<td>757</td>
<td>$6,528,807</td>
<td>$319,647</td>
<td>$422</td>
<td>4.90%</td>
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<td>Tonsillectomy</td>
<td>786</td>
<td>$1,596,807</td>
<td>$258,493</td>
<td>$329</td>
<td>16.19%</td>
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<td>C-Section</td>
<td>5,435</td>
<td>$35,769,442</td>
<td>$1,688,758</td>
<td>$311</td>
<td>4.72%</td>
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<tr>
<td>Prostatectomy</td>
<td>23</td>
<td>$166,418</td>
<td>$7,064</td>
<td>$307</td>
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<td>Shoulder Replacement</td>
<td>111</td>
<td>$524,014</td>
<td>$31,421</td>
<td>$283</td>
<td>6.00%</td>
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<td>Knee Arthroscopy</td>
<td>693</td>
<td>$1,703,989</td>
<td>$167,828</td>
<td>$242</td>
<td>9.85%</td>
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<td>Vaginal Delivery</td>
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<td>$42,457,077</td>
<td>$1,521,930</td>
<td>$164</td>
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<td>Upper GI Endoscopy</td>
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<td>$2,770,488</td>
<td>$456,566</td>
<td>$117</td>
<td>16.48%</td>
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<td>Cataract Surgery</td>
<td>1,880</td>
<td>$2,030,473</td>
<td>$152,004</td>
<td>$81</td>
<td>7.49%</td>
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<td>Colonoscopy</td>
<td>3,426</td>
<td>$2,288,419</td>
<td>$136,722</td>
<td>$40</td>
<td>5.97%</td>
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<tr>
<td>Breast Biopsy</td>
<td>863</td>
<td>$609,337</td>
<td>$4,099</td>
<td>$5</td>
<td>0.67%</td>
</tr>
</tbody>
</table>
Sample Reports for Employers

Chronic Disease Spend and Trends: Dashboard
Organization 123 2013-2016 with 2017Q2 Data

Figure 1: Annualized Chronic Spend as a Percentage of Total Spend, Organization 123, 2013-2016

- GERD: 6%
- Asthma: 4%
- COPD: 4%
- CAD: 2%
- HTN: 2%
- DM: 1%
- Other: 13%

Figure 2: Proportion of Claimants with a Chronic Condition, Organization 123, 2016

- Asthma: 2%
- CAD: 3%
- COPD: 4%
- DM: 2%
- GERD: 1%
- HTN: 1%
- Other: 86%

Figure 3: Annual Total Cost of Care for the Chronically Ill, Organization 123

- 2013: $6,000,000
- 2014: $7,000,000
- 2015: $8,000,000
- 2016: $9,000,000

Figure 4: Growth of Chronically Ill Members by Condition, Organization 123

- Asthma, CAD, COPD, DM, GERD, HTN

Figure 5: Annual Total Spend, by Condition and Type of Cost, Organization 123 2013-2016

- GERD, Asthma, COPD, CAD, HTN, DM
- Preventative, Potentially Avoidable
- OTHER

Key Takeaways
1. A significant portion of the Organization’s total spend (63% or $14 million per year) is associated with people with one of the six chronic conditions.
2. 14% of the claimants population has one of the six chronic diseases (1,630 total people).
3. $14.0 million was spent on people with one of the six chronic conditions in 2016. HTN, CAD and DM drive most of the spend.
4. HTN and CAD are the two most prevalent disease groups.
5. Persons with one (or more) of these six chronic conditions are very expensive to the plan. CAD, HTN, and diabetes are areas where interventions are recommended.
### Market Analysis Report (CPT 4)

#### PROVIDER SPECIALTY MARKET RATES

Top 50 Procedures, Specialty: Obstetrics & Gynecology  
Year 2015, Boulder County

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<td>$1,727,56</td>
<td>$1,175,68</td>
<td>$1,093,157</td>
<td>$1,085,157</td>
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<td>59510 CESAREAN DELIVERY</td>
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<td>$1,597,25</td>
<td>$1,405,59</td>
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<td>$1,399,38</td>
<td>$1,172,95</td>
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<td>57454 B/X/CURETT OF CERVIX W/SCOPE</td>
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<td>$59,20</td>
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<td>59810 VBAC DELIVERY</td>
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<td>58100 BIOPSY OF UTERUS LINING</td>
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**Revenue Breakdown**

- 28.9%
- 29.1%
- 31.0%
- 31.7%
- 81.2%
- 40.3%
- 25.3%
- 73.7%
- 20.0%
- 23.2%
- 4.4%
- 34.6%
- 37.3%
- 40.2%
- 53.8%
- 23.5%
Example: Diabetes

- Good blood sugar control
- Good nutrition
- Good adherence to treatment plan
- Predicted positive outcomes

- How many patients are represented?
- What is the spread of scores?
- What is the mean, median, distribution?
- Outcomes unknown
Results

Diabetes I & II: Comprehensive Care

<table>
<thead>
<tr>
<th>Metric</th>
<th>Prevalence</th>
<th>% HbA1c</th>
<th>% Lipid Panel</th>
<th>% Retinal Exam</th>
</tr>
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<tbody>
<tr>
<td>18-64 years old</td>
<td>7.5%</td>
<td>11.3%</td>
<td>20.2%</td>
<td>32.3%</td>
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<tr>
<td>65+ years old</td>
<td>20.2%</td>
<td>67.8%</td>
<td>59.7%</td>
<td>40.1%</td>
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<tr>
<td>Statewide</td>
<td>68.3%</td>
<td>71%</td>
<td>54.6%</td>
<td>36.5%</td>
</tr>
</tbody>
</table>

Diabetes Completion of Care by insurance line-of-business, 2014

<table>
<thead>
<tr>
<th>Insurance Line-of-business</th>
<th>% with 1 of 3</th>
<th>% with 2 of 3</th>
<th>% with 3 of 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>80.70%</td>
<td>54.85%</td>
<td>20.83%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>80.18%</td>
<td>54.57%</td>
<td>15.27%</td>
</tr>
<tr>
<td>Commercial</td>
<td>88.82%</td>
<td>68.70%</td>
<td>22.04%</td>
</tr>
<tr>
<td>Statewide</td>
<td>82.42%</td>
<td>57.90%</td>
<td>19.99%</td>
</tr>
</tbody>
</table>
Kristin Paulson
Vice President of Research and Innovation, CIVHC
kpaulson@civhc.org
11th Annual Colorado Culture of Health & Wellbeing Conference
May 2, 2018
Leilani Russell, MPH
SIM Data Lead Coordinator
WHAT IS SIM?

- The Colorado State Innovation Model (SIM) is a governor’s office initiative funded by the Centers for Medicare & Medicaid Services (CMS)
- SIM encourages states to develop and test models for transforming healthcare payment and delivery systems
- Colorado was awarded a $2 million planning grant and $65 million implementation grant to strengthen Colorado’s Quadruple AIM strategy
- Colorado is the only SIM state focused on the integration of physical and behavioral health in primary care settings supported by public and private payers

The project described was supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS). The Colorado State Innovation Model (SIM), a four-year initiative, is funded by up to $65 million from CMS. The content provided is solely the responsibility of the authors and does not necessarily represent the official views of HHS or any of its agencies.
WHY IT MATTERS

80% Of people with a behavioral health disorder visit a primary care at least once a year

50% Of behavioral health disorders are treated in primary care

> 50% Of referrals from primary care to an outpatient behavioral health clinic do not make the 1st appointment
Mental illness and substance abuse cost employers an estimated $80 to $100 billion annually in indirect costs.¹

Source: www.workplacementalhealth.org

When employees receive effective treatment for mental illnesses, the result is *lower* total medical costs, *increased* productivity, *lower* absenteeism and *decreased* disability costs.

Source: [http://www.workplacementalhealth.org/Business-Case.aspx](http://www.workplacementalhealth.org/Business-Case.aspx)
VISION - To create a coordinated, accountable system of care that will improve Coloradans’ access to integrated physical and behavioral health in a patient’s medical home.

GOAL - Influence the health of Coloradans by improving access to integrated physical and behavioral healthcare services in coordinated systems, with value-based payment structures, for 80% of Colorado residents by 2019.
80% of Coloradans have Access to Integrated Care

**Payment Reform**
Develop and implement value-based payment models that incent integration and improve quality of care

**Practice Transformation**
Support practices as they integrate behavioral and physical health care and accept new payment models

**Population Health**
Engage communities in prevention and education, and improve access to integrated care

**HIT**
Promote secure and efficient use of technology across health and non-health sectors to advance integration and improve health

**Consumer Engagement**
**Policy**
**Workforce**
**Evaluation**
**Grants to Practices**
Each SIM practice can apply for competitive small grants of up to $40,000 to offset initial costs of integration.

**Alternative Payment Models**
Each practice will be supported with value-based payments from at least one of the seven payers that signed the SIM MOU.

**Achievement-Based Payments**
Each SIM cohort-2 practice is eligible to receive achievement-based payments of up to $13,000.

**RHCs**
Each SIM practice is matched with an RHC, who will connect the practice with relevant community resources.

**Business Consultation**
Resources and assistance to help practices improve business processes and accept alternative payment models.

**Practice Coaching**
Each SIM practice is matched with a practice transformation organization that provides a PF and/or a CHITA as well as other technical assistance.

**KEY**
- RHC = Regional Health Connector
- CHITA = Clinical HIT Advisor
- PF = Practice Facilitator
SIM Reach and Scope

**246 primary care practices**
SIM primary care practices are working to integrate behavioral health into primary healthcare settings.

- 61 Providing care for children
- 56 Federally qualified health centers or look-alikes
- 98 Rural practices
- 1,847 Total providers
- 3,342,018 Total patient visits per year

**Four community mental health centers**
SIM community mental health centers are working to integrate physical health into behavioral healthcare settings.
- Community Reach Center, Commerce City
- Jefferson Center for Mental Health, Lakewood
- Mental Health Partners, Boulder
- Southeast Health Group, La Junta

**Eight LPHAs**
SIM is funding eight local public health agencies (LPHAs) to integrate behavioral and physical health at a systemic/population health level to change attitudes (stigma reduction), increase access (referral mapping, coordination of resources), and/or improve knowledge (through outreach/education) about behavioral health.

**Two BHTCs**
The behavioral health transformation collaboratives (BHTCs) were funded in partnership with the Denver Foundation and work closely with schools, behavior and physical health providers and community-based organizations to improve community-clinical linkages and support youth with behavioral health needs.

**Regional health connectors**
A regional health connector (RHC) is a local resident whose full-time job is to improve the coordination of services to advance health and address the social determinants of health. RHCs promote connections among clinical care, community organizations, public health, human services, and other partners.

**21 Health plans working together**
In Colorado, public and private payers have voluntarily developed a multi-payer approach to support and expand broad-based accountable, whole person, patient-centered care transformation through a variety of initiatives. Within this landscape, seven payers signed a Memorandum of Understanding (MOU) with the SIM office, in which they committed to work collaboratively with SIM to transform the way primary care and behavioral healthcare are delivered and financially supported in the practice sites selected for SIM within these networks. These payers include:

- Anthem Blue Cross Blue Shield
- Cigna
- Colorado Choice
- Health First Colorado (Medicaid)
- Kaiser Permanente
- Rocky Mountain Health Plans
- United Healthcare
HOW WE’RE HELPING PRACTICES INTEGRATE CARE
PAYMENT REFORM

- Enhanced Financial Support
- Data Sharing
- Aligning Quality Measures
- Common Approach to Accountability

- Health First Colorado (Medicaid)
- Anthem Blue Cross Blue Shield
- Cigna
- Kaiser Permanente
- Rocky Mountain Health Plans
- UnitedHealthcare

Press release:
SIM is funding 8 LPHAs, 2 BHTCs in 31 counties to:

- Increase outreach, engagement and community development about behavioral health disorders and/or associated stigma of behavioral health issues
- Maximize access to behavioral health preventive services through assessment, partnerships, systems building and community-clinical connections

Examples of success:

- Stigma-reduction campaign #LetsTalkCO or #HablemosCo created by the Metro Public Health Behavioral Health Collaboration with SIM funding: http://letstalkco.org.
- The Northeast Colorado Health Department distributed more than 500 pregnancy-related depression materials at community events, WIC offices, and county health department offices.
The SIM Initiative supports Regional Health Connectors, who facilitate linkages between primary care practices, local and community resources, and public health organizations.
Expand telehealth by increasing broadband internet access and developing and implementing a state-wide telehealth strategy to increase adoption and use of telehealth as a modality of care.

Create a Shared Practice Learning Improvement Tool that collects data on practice transformation, and an application to capture Clinical Quality Measures.

Integrate existing system components and build necessary components to aggregate clinical, behavioral health data, and claims data while addressing data quality issues.

Create reporting capabilities to support user health information needs including, but not limited to, practices and population health.
SIM practices are increasing mental health screenings: Practices screened 215,659 eligible patients for depression; followed-up on positive results.

SIM practice providers report a decrease in burnout.

SIM providers say integrated care improves patient health and lowers costs.

SIM providers improved their ability to report and their confidence in clinical quality measures, data that can help providers articulate a unique value and negotiate more effectively with health plans.
SIM cohort 1 and 2 primary care practices reported screening almost 49% of patients for depression in quarter 3 of 2017

SIM CMHCs reported screening 48.8% of patients for depression in quarter 3 of 2017

A study published in 2017 suggested that national depression screening rates for adults in a primary care setting was low, 4.2%†

WHY IT MATTERS

Colorado has a high suicide death rate, 20 individuals per 100,000 (compared to the national average of 13.5 per 100,000 individuals)*

With 3% of high school students in Colorado reporting suicide attempts that resulted in an injury which required treatment by a doctor or a nurse†

*2016 vital statistics, †Healthy Kids Colorado Survey 2015